# F03000001540

# TRANSMITTAL LETTER

|                              |   | stration Section<br>tion of Corpora |  | ດ   | 00008412390 0<br>-10/16/0201101001<br>*****78.75 *****78.75  |  |  |  |  |  |
|------------------------------|---|-------------------------------------|--|---|--|--|--|--|--|--|
|                              | SUBJECT:                                    | PACEMARI                            |  | oply Company, Inc.  |  |  |  |  |  |  |
|                              | (Name of corporation - must include suffix) |                                     |  |   |  |  |  |  |  |  |
|                              | Dear Sir or N                               |                                     |  |   |  |  |  |  |  |  |
|                              | "Certificate of                             |                                     | nd check are submitted to                  | Authorization to Transact register the above reference            |  |  |  |  |  |  |
|                              | Please return                               | ali correspond                      | ence concerning this matte                 | to the following:   |  |  |  |  |  |  |
|                              |   | Charles 1                           | M. Moses                                   |   |  |  |  |  |  |  |
|                              |   | PACEMARK                            | (Name o<br>Home Health Supp                | fPerson)<br>oly Company   |  |  |  |  |  |  |
|                              |   |                                     | (Firm/Co                                   | empany)   | C 35   |  |  |  |  |  |
|                              |   | P.O. Box                            | 551755                                     |   | ARE A  |  |  |  |  |  |
|                              |   |                                     | -  | kess)   | 28<br>35 CO  |  |  |  |  |  |
|                              |   | Dallas,                             |  | and Zip code)   |  |  |  |  |  |  |
|                              | For further is                              | nformation con                      | cerning this matter, please                |   | 3 19<br>ORIDA  |  |  |  |  |  |
|                              | Charlsi                                     | e Watson                            | at ( 214                                   | 342-1561 Code & Daytime Telepho                                   |  |  |  |  |  |  |
|                              | (Na   | me of Person)                       | (Area                                      | Code & Daytime Telepho  | ac Number)   |  |  |  |  |  |
| Name<br>Availabili <b>ty</b> | STREET A. Registration                      | Section                             |  | MAILING ADDRESS Registration Section                              |  |  |  |  |  |  |
| Pocument<br>  <br>  Xव्यागिक | 409 E. Gaine<br>Taliabassec,                | 1                                   |  | Division of Corporation<br>P.O. Box 6327<br>Tallahassee, FL 32314 | Coxt   |  |  |  |  |  |
| inda gr                      | Enclosed is                                 | check for the                       | following amount:                          |   |  |  |  |  |  |  |
| lpda or<br>ernyer            | • \$70.00 F                                 | ling Fee •                          | \$78,75 Filing Fee & Certificate of Status | \$78.75 Filing Fee &<br>Certified Copy                            | <ul> <li>\$87.50 Filing Fee,</li> <li>Certificate of Status &amp;</li> <li>Certified Copy</li> </ul> |  |  |  |  |  |
| cknowlednemen                | DCC   |                                     |  |   |  |  |  |  |  |  |
| /. P. Verifyer               | DCC   |                                     |  |   |  |  |  |  |  |  |
|                              |   |                                     |  |   |  |  |  |  |  |  |

C1005000050001

# PACEMARK

HOME. HEALTH SUPPLY COMPANY

December 14, 2002

Florida Registration Section Division of Corporations 10715 Plano Road 09 E. Gaines Street Tallahassee, FL 32399

Suite 200

Gentlemen:

An original signed certificate of good standing from the State of Texas is enclosed per the 214.342.1561 request of your correspondence of October 17, 2002. You should be able to comply with 800.229.0688 our request.

Fax 214.342.2642 Please advise immediately if there is anything further required.

info@pacemark.com Sincerely,

alsie B Stater www.pacemark.com

Charlsie B. Watson

Controller

Specializing in Supplies for

Urological Incontinence Ostomy Wound Care

March 21, 2003

Florida Department of State Box 327 Tallahassee, Florida 32314

Subject: Pacemark Home Health Supply Co., Inc.

Ref. Number: W02000030022

Attention; Diane Cushing, Corporate Specialist

Enclosed is a certificate of existence from the Secretary of the State of Texas is enclosed as per your request (copy of letter enclosed). Please finalize the registration of Pacemark in the State of Florida.

Sincerely,

Charlsie Watson

Controller



## FLORIDA DEPARTMENT OF STATE Jim Smith Secretary of State

October 17, 2002

CHARLES M. MOSES PACEMARK HOME HEALTH SUPPLY COMPANY P.O. BOX 551755 DALLAS, TX 75355-1755

SUBJECT: PACEMARK HOME HEALTH SUPPLY CO., INC.

Ref. Number: W02000030022

We have received your document for PACEMARK HOME HEALTH SUPPLY CO., INC. and your check(s) totaling \$78.75. However, the document has not been filed and is being retained in this office for the following:

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6913.

Letter Number: 902A00057859

Diane Cushing Corporate Specialist



# FLORIDA DEPARTMENT OF STATE Jim Smith Secretary of State

December 31, 2002

CHARLES M. MOSES
PACEMARK HOME HEALTH SUPPLY COMPANY
P.O. BOX 551755
DALLAS, TX 75355-1755

SUBJECT: PACEMARK HOME HEALTH SUPPLY CO., INC.

Ref. Number: W02000030022

We have received your document for PACEMARK HOME HEALTH SUPPLY CO., INC. and your check(s) totaling \$78.75. However, the document has not been filed and is being retained in this office for the following:

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

The Proper State Official is the Secretary of State not the Comptroller's office.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6913.

Diane Cushing Corporate Specialist

Letter Number: 902A00068037

### APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT **BUSINESS IN FLORIDA**

IN COMPLIANCE WITH SECTION 607. 1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

| 1. | PACEMARK Home Health Supply Co., Inc.   | _       |  |
|----|---|---------|--|
|    | (Name of corporation; must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.) |         |  |
| 2. | Texas (Charter 1293032) 75-2511708  |         |  |
|    | (State or country under the law of which it is incorporated) (FEI number, if applicable)  |         |  |
| 4. | 12/16/1993  | _       |  |
| б, |   | _       |  |
|    | 10715 Plano Rd Ste 200 Dalles TV 75238  | ယ       |  |
| 7. | P.O. Boy 551755 Dallag TX 75355-1755  | MAR 28  |  |
|    |   | ⊋<br>ယှ |  |
| 8. | (Primate(s) of composition authorized in home artis or country to be carried out in state of Plantas)   |         |  |
|    | Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)   | (D      |  |
|    | Name: Rebecca D. Camfield   |         |  |
| O  | effice Address: 233 Hazeltine Dr.   |         |  |
|    | De Bary Florida 32713 (City) (Zip code)   |         |  |
| 10 | ). Registered agent's acceptance:   |         |  |

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

# 12. Names and business addresses of officers and/or directors:

| A. DIRECT     | TORS<br>N/A  |  |
|---------------|--|--|
| Chairman:     | N/A  |  |
| Address:      |  |  |
|               |  |  |
| Vice Chairma  | n:   |  |
| Address:      |  |  |
|               |  |  |
| Diseases      |  | <u> </u>                                     |
|               |  |  |
| Address:      |  | 7.0  |
|               |  | - TSE 03                                     |
| Director:     |  |  |
| Address:      |  |  |
|               |  |  |
| B. OFFICE     | ERS  | FLOR<br>STA                                  |
| Descident:    | Charles M. Moses   | 통제 그   |
| Address.      | 6215 Sandydale, Dallas, TX 75248   |  |
| ADGRESS.      |  |  |
|               |  |  |
| Vice Presiden | d:   | <u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u> |
| Address:      |  | 4  |
| _             |  | <u> </u>                                     |
| Secretary:    | Kimberly M. Moses  |  |
| Address:      | 6215 Sandydale, Dallas, TX 75248   | <u> </u>                                     |
| Tressurer: _  | Kimberly M. Moses  |  |
| Address:      | 6215 Sandydale, Dallas, TX 75248   |  |
|               |  |  |
| NOTE: If a    | necessary, you may attach an addendum to the application listing additional officers and | d/or directors.                              |
| 13            | Challe Mon   |  |
|               | (Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the         | pplication)                                  |
| 14            | Charles M. Moses   | <u> </u>                                     |
|               | (Typed or printed name and capacity of person signing application)                       |  |

Corporations Section P.O.Box 13697 Austin, Texas 78711-3697



Gwyn Shea Secretary of State

# Office of the Secretary of State

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Articles Of Incorporation for PACEMARK HOME HEALTH SUPPLY COMPANY (filing number: 129303200), a Domestic Business Corporation, was filed in this office on December 06, 1993.

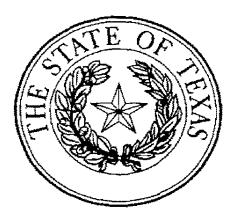
It is further certified that the entity status in Texas is active.

FILED

03 MAR 28 PM

SECRETARY OF S
TALL AHASSEE, FI

In testimony whereof, I have hereunto sign the seal of State at my office in Austin, Texas on March 07, 2003.



Gwyn Shea Secretary of State

Luyn Shea